

033494

2012

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.

RECEIVED
Attorney General's Office

JAN 17 2013

Registry of
Charitable Trusts

State Charity Registration Number: <u>033494</u>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
W.E.A.V.E. INCORPORATED Name of Organization	Corporate or Organization No. <u>0837265</u>
1900 K STREET Address (Number and Street)	Federal Employer I.D. No. <u>94-2493158</u>
SACRAMENTO, CA 95811 City or Town, State and ZIP Code	

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between 1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2011 ending 06/30/2012) list:

Gross annual revenue \$ 3,142,432. Total assets \$ 6,646,375.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 Instructions for Information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes", provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <u>ATCH 1</u>	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes", provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes", provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (916) 448-2321

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer

Printed Name

Title

Date

Beth Hassett Executive Director 12-19-12

272038
150.00
✓

FORM RRF-1, PART B - CONTRIBUTING GOVERNMENT AGENCIESATTACHMENT 1

GOVERNMENT AGENCY NAME	STREET ADDRESS	CITY, STATE AND ZIP CODE	CONTACT NAME	TELEPHONE
CALIFORNIA EMERGENCY MANAGEMENT AGENCY	3650 SCHRIEVER AVENUE	MATHER, CA 95655		916-845-8510
CALIFORNIA DEPT OF PUBLIC HEALTH	1615 CAPITOL AVE., MS 8400	SACRAMENTO, CA 95899		916-558-1784
SACRAMENTO CNTY DEPT OF HUMAN ASSISTANCE	2433 MARCONI AVENUE	SACRAMENTO, CA 95821		916-875-3601
SACRAMENTO COUNTY CHILDREN'S COALITION	7001-A EAST PARKWAY, SUITE 1000	SACRAMENTO, CA 95823		916-875-1415
SAC CNTY DEPT OF HEALTH & HUMAN SERVICES	7001-A EAST PARKWAY, SUITE 700	SACRAMENTO, CA 95823		916-875-6091
SACRAMENTO EMPLOYMENT & TRAINING AGENCY	925 DEL PASO BLVD, SUITE 100	SACRAMENTO, CA 95815		916-263-3800